| MEDICAL RECORD | | CONSULTATION SHEET | | | | |
|---|---|---|------------------------------------|---|-----------------------------|--|
| | | REQUES | ST | *************************************** | | |
| TO: SUBSTANCE ABUSE REH REASON FOR REQUEST: (Con This year old, | nplaints and findings) (marital status) | , male / female, active c | | retiree,, | DATE OF REQUEST (service) | |
| with year(s) active PROVISIONAL DIAGNOSIS | | erred for a substance ab | use evaluation due to | | | |
| DOCTOR'S SIGNATURE | <i>3.</i> | APPROVED | PLACE OF CONSULTATION | OR C | OUTINE C SAITUC | |
| | | | D BEDSIDE D ON CALL | J 721 | HOURS DEMERGENCY | |
| RECORD REVIEWED YES | | PATIENT EXAMINED | | TELEMEDICINE | YES 🗆 NO 🗆 | |
| CHIEF COMPLAINT: HISTORY OF SUBSTA | | ms, the patient said " | | | | |
| SUBSTANCE | AGES USED | AMOUN | ITS | FRI | EQUENCY | |
| | | | | | | |
| Last alcohol or substance use Recent withdrawal symptom Tobacco use: Amount PP Withdrawal symptoms | ns: D. Age started _ | | Attempts to limit use: | | | |
| | | | • | | | |
| SIGNATURE AND TITLE | | | | | DATE | |
| HOSPITAL OR MEDICAL FACILITY RE | | RECORDS MAINTAINED AT | ORDS MAINTAINED AT | | DEPART. /SERVICE OF PATIENT | |
| ELATIONSHIP TO SPONSOR SPONSOR'S NAME | | | SPONSOR'S ID NUMBER (SSN or Other) | | | |
| PATIENT'S IDENTIFICATION: (For typ Birth; F | oed or written entries, giv Rank/Grade.) | ı e: Name – last, first, middle; ID Ni | o (SSN or other); Sex; Date of | REGISTER NO. | WARD NO. | |
| | | | | CONSULIAI | ION SHEET | |

Medical Record
STANDARD FORM 513 (REV. 4-98)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11 203(b)(10)
NAVMED O/P 5353/14 (5-2003)

BIOPSYCHOSOCIAL INDICATORS OF A SUBSTANCE USE PROBLEM

| Substance Abuse: | | |
|---|---------------------------|----------|
| Recurrent substance use causing a failure to fulfill obligations at work, school or home, | as evidenced by: | |
| Recurrent substance use in hazardous situations: | | |
| Recurrent substance related legal problems: | | |
| Continued use despite having persistent or recurrent social or interpersonal problems: | | |
| Substance Dependence: | | |
| Needs increased amount to achieve the same effect, or decreased effect with use of the | e same amount, as evide | nced by: |
| Withdrawal evidenced by circled items: shakes, sweats, sleep problems, restlessness, nausea/stomach problems. | seizures, hallucinations, | |
| Substance taken in larger amounts or over a longer period than intended: | | |
| Desire or unsuccessful efforts to cut down or control use: | | |
| Excessive time spent obtaining, using or recovering from substance use: | | |
| Social, work or leisure activities given up due to substance use: | | |
| Substance use in spite of awareness it aggravates physical or psychological problems: | | |
| PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name – last, first, middle; ID No (SSN or other); Sex; Date of Birth; Rank/Grade.) | REGISTER NO. | WARD NO. |

| RELEVANT PAST HISTO Childhood was: | ORY: | | | |
|--|---|------------------------------------|----------------|---|
| Family psychiatric or substanc | e abuse history: | | | |
| Spiritual history: | | | | |
| MEDICAL HISTORY (fro Pertinent history of physical pr | m Outpatient Medical Recoblems: | ord review): | | |
| Mental health problems and tre | eatment (including substance abu | se treatment): | | |
| Current medications and doses | S : | | | |
| MENTAL STATUS EXAM Grooming problems | 1: Motor aberrations | Speech aberrations | 6 | |
| Manner | Mood | Affect | | |
| Thought process and content a | aberrations | | | |
| Hallucinations Cog | nitive functioning problems | | | |
| Problems with insight / judgem | ent / impulse control | | | 1 2000 |
| Suicidal ideation/plan | | | | |
| Homicidal ideation/plan/target | | | Contract for s | afety |
| FORMULATION/ASAM F 1. Withdrawal risk is: low / med Describe if medium or high: | | | | |
| 2. Bio-medical issues: | | | | |
| 3. Emotional or behavioral issu | es: | | | |
| 4. Readiness to change: very logical Describe: | ow/ low/ moderate/ moderately hig | gh/ high. | | |
| PATIENT'S IDENTIFICATION: (For typed or Birth; Rank/ | r written entries, give: Name – last, first, middle; Grade.) | ID No (SSN or other); Sex; Date of | REGISTER NO. | WARD NO. |
| | | | | DARD FORM 513 (REV. 4-98) ED O/P 5353/14 (5-2003 |

| FORMULATION/ASAM PPC (CONTINUED): |
|---|
| 5. Potential for further substance related incidents: very low / low / moderate / moderately high / high. Describe: |
| 6. Issues of concern regarding recovery environment: |
| 7. Is this visit deployment related? Yes No |
| DIAGNOSES: Axis I: |
| Axis II: |
| Axis III: |
| Axis IV: |
| Axis V: GAF = (current) |
| RECOMMENDATIONS: 1. Substance abuse treatment is: indicated / not indicated. |
| a) The level of treatment recommended is: Impact / Outpatient / Intensive Outpatient / Residential |
| b) Treatment may be scheduled by calling SARP |
| 2. Other recommendations: |
| a) |
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